

Claim Status: **Authorized**

<Out-Patient FOB>

Claim Ref: **C0001310709/1**

Provider Name : **Al Dawaa Medical Services Co**
Insurance Co : **Allianz Saudi Fransi Cooperative Insurance C**
TPA Name : **SAUDI NEXtCARE**
Date of visit : **12-Nov-2019** Plan Type: **Out-Patient**
Patient file No:
Dept:

Allianz Saudi Fransi Cooperative Insurance

Policy: **REFRIGERATION HOUSE GROUP**
Policy #: **MDN/41426**
Member: **Martede Ali Abbas Al Hamad** DOB: **Feb-1996**
Card #: **D18A-C8EF-3285-F435** PIN:
Gender: **Male Married** Iqama #: **1095923247**
Network: **MPN(20%Max75SAR** Class: **Class B2**
)
OCN(20%Max100SA
Ded: **Green 2** Valid Until:

Diagnosis Description: G44.1 Vascular headache, not elsewhere classified*

Claim motive: Physical Illness/to be specified under assessment/to be specified under assessment

Chronic No **Emergency** No

BP **Pulse** 0 **Temp** 0 **Resp.Rate** 0 **Onset Date**
Chief Complaint & Main Symptoms

Requested Services

Code	Service Description	Quantity Claimed	Quantity
73-276-03	IMIGRAN 100 mg 2 Tablet	2.0	2.0
38-51-99	TOPAMAX 25MG-TAB. F.C.TAB.	1.0	1.0

Authorization Note

Approved for requested medications as per agreement. Subjected to technical evaluation

SNC Officer

Date: **12-Nov-2019**

SNC Comment:	Approved for requested medications as per agreement. Subjected to technical evaluation	12 Nov 2019, 10:57:37 PM
SNC Comment:	Service approval request for Member # D18AC8EF3285F435 is under processing for approval.	12 Nov 2019, 10:56:42 PM

Important:

1. SAUDINEXtCARE will only approve medical charges directly and strictly to the case registered above. the final bill shall remain subject to billing rules, and to our auditing doctors' approval.
2. SAUDINEXtCARE hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness.
3. Copy of this Authorization letter should be attached to the claim on time of claim submission for payment .
4. This Form is subject to the terms, conditions and procedures of the contract signed with SAUDINEXtCARE
5. If you have any questions or require further information please contact our Call Center 24 hours a day/7 days a week on tel. +966 920003055 or fax on +966 138988940.